

Homebuyer Checklist Packet

CITY OF HOUSTON

HOUSING AND COMMUNITY
DEVELOPMENT DEPARTMENT

2100 Travis Street | 9th floor | Houston, TX 77002 | 832.394.6200

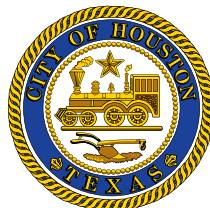


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Before application submission, please review the attached Homebuyer Document Checklist and confirm you have all required documents for each household member. Your application WILL NOT be processed until all required documents are received. If additional city documents are required, you will be notified by a program specialist.

Proof of Income must be submitted at the time of your initial application. Please read the four tax return scenarios to determine which income documents are appropriate for each household member's situation.

If you have technical issues submitting your application, please contact our Call Center at 832-394-6200. For general questions send your inquiries to newhomebuyer@houstontx.gov.

We look forward to assisting you in the purchase of your new home.

Sincerely,

**Large Tract Development
Prequalification Team**

NEW HOMES FOR HOUSTON

AN HCD LARGE TRACT DIVISION INITIATIVE

HOMEBUYER DOCUMENT CHECKLIST



The following documents are required when submitting your New Homes for Houston Application

REQUIRED DOCUMENTS	SPECIFIC DETAILS
Birth Certificate, Passport, Permanent Resident Card, Or Certificate of Naturalization	Proof of Citizenship/Lawful Alien Status for all household members. Legal guardianship or adoption documentation is required for all minor household members age 17 years and younger.
Valid Government Issued ID Or Driver's License	All adult household members, age 18 years or older.
Lender/Mortgage Pre-Approval Letter	For applicant and co-applicant, dated within the last 120 days.
Homebuyer Education Certificate <i>(HUD Approved Agency Only)</i>	For applicant and co-applicant; must be less than a year old at the time of application. Must be an eight-hour HUD certified course.
Tax Return (Preferred)	Please read the following Tax Return scenarios to determine which income documents are applicable to your situation as the applicant, co-applicant, or other household member(s) age 18 and over.
<p>Scenario 1: Applicant(s) filed Tax Return: Submit your most current tax year's return with proof of filing. You may submit the following as proof: 1) IRS tax return transcript, 2) a copy of your tax refund deposit to match tax return, or 3) a copy of your cancelled check (front/back) for taxes paid to match tax return.</p> <p>Please note: Tax return must be less than 12 months old since filing, and your taxable income cannot have increased by more than 10% since filing. If either situation applies, your tax return will not be accepted, therefore, you must complete the Income Tax Affidavit and Adjusted Gross Income (AGI) Worksheet.</p> <p>Scenario 2: Applicant(s) did not file Tax Return: Complete and submit the Income Tax Affidavit and the Adjusted Gross Income (AGI) Worksheet. For free tax assistance, if needed, please call 2-1-1 for a tax professional near you.</p> <p>Scenario 3: Applicant(s) not required to file Tax Return: Complete and submit the Income Tax Affidavit and the Adjusted Gross Income (AGI) Worksheet. For free tax assistance, if needed, please call 2-1-1 for a tax professional near you.</p> <p>Scenario 4: Co-Applicant or Household Member(s) have no income: Complete and submit the Zero Income Certification & Questionnaire Form and include a copy of your Earnings Verification Statement, which is available upon request from the Texas Workforce Commission and social security card.</p>	
Income Tax Affidavit	This form is required for all household members 18yrs and older, if you are not submitting a tax return . Form included with the Homebuyer Checklist Packet on the New Homes for Houston website.
Adjusted Gross Income (AGI) Worksheet	This form is required for all household members 18yrs and older, if you are not submitting a tax return . Form included with the Homebuyer Checklist Packet on the New Homes for Houston website.
Zero Income Certification & Questionnaire Form	Required for household members age 18 years and older. Form included with the Homebuyer Checklist Packet on the New Homes for Houston website.
Child Support Affidavit	Required for household members age 18 years and older. Form included with the Homebuyer Checklist Packet on the New Homes for Houston website. Must signed before a notary public
Conflict of Interest	Required for Applicant and Co-Applicant. Form included with the Homebuyer Checklist Packet on the New Homes for Houston website.

ADDITIONAL APPLICABLE DOCUMENTS	SPECIFIC DETAILS
Proof of Residency During Hurricane Harvey	Required only for the following New Homes For Houston communities: Near Northside, Cityscape, and Stella Link. Proof includes a lease, utility bill, paycheck stub, bank statement, deed, proof of sale or disaster assistance award letter that cover the date August 25, 2017, with an eligible address.
Power of Attorney Recorded by County Clerk's Office	Must be signed before a notary public.
Divorce Decree	All adult household members age 18 years and older, must include all pages of the recorded signed copy.
Non-Citizenship Documents	Non-citizen documents: (for applicant and co-applicant in household if non-citizen). Document may include the following: A signed declaration of immigrant status, I-94 Arrival-Departure record with annotations of refugee or asylum. If not annotated, a final court decision granting asylum, letter from INS granting asylum, I-688, Temporary Resident Card, or I-688B, Employment Authorization Card.
Name Affidavit	Required if supporting documents show name variations or spellings and to affirm she/he is one and the same person. Must be signed before a notary public.
Permission to Use Photograph/ Video Interview	Optional

NEW HOMES FOR HOUSTON

AN HCD LARGE TRACT DIVISION INITIATIVE

INCOME TAX AFFIDAVIT



Project #

Applicant Name:		Co-Applicant Name:	
Is this form being completed for a listed household member:	Yes	No	If YES, list HH Name:
Home Address	City	State	Zip Code

COMPLETE APPLICABLE SECTION

SECTION 1

Complete this section if you are **NOT REQUIRED** by law to file a Federal Income Tax Return

I/We hereby certify that I/we was/were not required by law to file a Federal Income Tax Return for the following year(s) _____ for the reason(s) stated:

SECTION 2

Complete this section if you are **REQUIRED** by law to file a Federal Income Tax Return; however, you have not filed. You must complete and submit the Adjusted Gross Income (AGI) Worksheet along with this Affidavit.

- a. I/We hereby certify that I/we was/are required by law to file a Federal Income Tax Return; however, have not filed at the time of application for the following year(s) _____ for the reason(s) stated:
- b. How many attempts have you made to file or obtain required documents to file your tax return? _____
- Examples of supporting documentation for explanation #2: If Applicant was a student, Affidavit must be accompanied by a copy of the transcripts or diploma to support the status of the Applicant for that period; if Applicant was out of the country, Affidavit must be accompanied by proof of entrance to the country. For free tax assistance, please call 2-1-1 for a tax professional near you.*

SECTION 3

Complete this section if a Tax Return was filed; however, it does not meet program requirements to be accepted.

I/We hereby certify that I/we have filed a Federal Income Tax Return; however, the tax return is not acceptable by the program for the reason(s) stated: _____

Taxable income has increased by more than 10% since filing.

Current year's Tax Return is older than 12 months.

Other: _____

Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729. Under penalties of perjury, I/we certify that the information presented above is true and accurate to the best of my/our knowledge and belief. I/We further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this document. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a FELONY if he/she knowingly and willfully makes a false statement to any department of the United States Government.

APPLICANT: I/We certify that the information presented on this form is true and complete to the best of my/our knowledge and belief.

Signature - Applicant

Signature - Co-Applicant

Date

SUBRECIPIENT: I have reviewed, verified, and confirmed the information presented on this form in accordance with the requirements of Large Tract Development Program (LTD). I hereby certify that the information presented herein is complete and accurate to the best of my knowledge.

Signature - City of Houston

Date

NEW HOMES FOR HOUSTON

AN HCD LARGE TRACT DIVISION INITIATIVE

ADJUSTED GROSS INCOME (AGI) WORKSHEET



Project #

Applicant Name:		Co-Applicant Name:	
Is this form being completed for a listed household member:		Yes	No
Home Address		City	State
			Zip Code

Section 1: Household Member Annual Adjusted Gross Income (AGI)				
Annual Income		Other Annual Income		Annual AGI Income
1. Wages, salaries, tips				
2. Interest Income		Annual Tax Exempt Interest:	Annual Taxable Interest:	
3. Dividend Income		Annual Qualified Dividends:	Annual Ordinary Dividends:	
4. Taxable refunds / credits / offsets of state / local income taxes				
5. Alimony recieved				
6. Business Income (or loss)				
7. Capital gain (or loss)				
8. Other gains (or losses)				
9. IRA Distributions		Total Annual Amount:	Annual Taxable Amount:	
10. Pensions and Annuities		Total Annual Amount:	Annual Taxable Amount:	
11. Rental real estate, royalties, partnerships, S corporations, trusts, etc.				
12. Farm income (or loss)				
13. Unemployment compensation				
14. Social Security Benefits		Total Annual Amount:	Annual Taxable Amount:	
15. Other income		Type of Income:		
16. Subtotal (lines 1-15)				
Annual Expenses			Annual AGI Expenses	
17. Educator expenses				
18. Certain Business expenses				
19. Health savings account deduction				
20. Moving Expenses				
21. Deductable part of self employment tax				
22. Self-employed SEP, SIMPLE and qualified plans				
23. Self-employed health insurance deduction				
24. Penalty on early withdrawal of savings				
25. Alimony paid				
26. IRA deduction				
27. Student loan interest deduction				
28. Tuition and fees				
29. Domestic production activities deduction				
30. Subtotal (lines 17-29)				
31. Subtract line 30 from line 16. This is the Household Member's Annual Adjusted Gross Income (AGI)*				

*The income inclusions and exclusions allowed under the IRS 1040 definition of income are subject to change from tax year to tax year. This worksheet is a general representation of the IRS Form 1040, and as such cannot reflect all updated inclusions and exclusions each tax year. The user is advised to consult the IRS Web site for the most current version of this form at www.irs.gov

NEW HOMES FOR HOUSTON

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ADJUSTED GROSS INCOME (AGI) WORKSHEET



Section 2: Household Member Certification

Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729. Under penalties of perjury, I/we certify that the information presented above is true and accurate to the best of my/our knowledge and belief. I/We further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this document. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a FELONY if he/she knowingly and willfully makes a false statement to any department of the United States Government.

Household Member Printed Name	Household Member Signature	Date
Preparer's Printed Name	Preparer's Signature	Date
Organization/Firm's Name (if applicable)	Phone Number	

NEW HOMES FOR HOUSTON

AN HCD LARGE TRACT DIVISION INITIATIVE

ZERO INCOME CERTIFICATION & QUESTIONNAIRE FORM



Project #

Applicant Name:				Co-Applicant Name:			
Is this form being completed for a listed household member:	Yes	No	If YES, list HH Name:				
Home Address		City		State		Zip Code	

SECTION 1: ZERO INCOME QUESTIONNAIRE

1. In the past twelve months, have you received income from any of the sources listed below? Yes No

If YES, please complete the Adjusted Gross Income (AGI) Form.

If NO, proceed to question 2 below:

- A. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- B. Income from operation of a business;
- C. Rental income from real or personal property;
- D. Interest or dividends from assets;
- E. Social Security payments;
- F. Supplemental Security Income payments;
- G. Payments from annuities, insurance policies, retirement funds, pensions, or death benefits;
- H. Unemployment or disability payments;
- I. Public assistance payments (other than food stamps);
- J. Gifts received from persons not comprising the household;
- K. Sales from self-employed resources (Avon, Mary Kay, Uber, GrubHub, DoorDash, lawn-care, babysitting, housecleaning, etc.);
- L. Any other source not named above

2. Do you have any cash/savings on hand? Yes No
If YES, please provide details including approximate balance.

3. Do you receive help from parents, children, friends, or any other person for your living expenses and essential needs? Yes No

If YES, what kind of help and how often?

NEW HOMES FOR HOUSTON

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ZERO INCOME CERTIFICATION & QUESTIONNAIRE FORM



SECTION 1: ZERO INCOME QUESTIONNAIRE

4. In the past 12 months, how did you, pay for the following:

A. Rent?

B. Electricity and other utility bills?

C. Telephone/Cell Phone?

D. Food?

5. If you own a car, how are expenses (gas, oil, insurance, car payments, etc.) paid?

6. Do you have any other expenses (medical, credit cards, etc.)?
If YES, how are they paid?

Yes

No

***If you are currently unemployed, confirmation of employment status from the Texas Workforce Commission will also be required.**

SECTION 2: CERTIFICATION SIGNATURE

Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729. Under penalties of perjury, I/we certify that the information presented above is true and accurate to the best of my/our knowledge and belief. I/We further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this document. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a FELONY if he/she knowingly and willfully makes a false statement to any department of the United States Government.

I currently do not have income of any kind and there is no imminent change expected in my financial or employment status during the next 12 months.

Household Member - Printed Name

Household Member - Signature

Date

NEW HOMES FOR HOUSTON

AN HCD LARGE TRACT DIVISION INITIATIVE

CHILD SUPPORT AFFIDAVIT



Project #

Applicant Name:		Co-Applicant Name:	
Is this form being completed for a listed household member:		Yes	No
Home Address		City	State
			Zip Code

SECTION 1: STATEMENT OF FACTS

I/We, being first duly sworn, do affirm the facts presented herein are true and complete for household members over 18 (check all that apply):
(If household member is responsible for making child support payments, please obtain and include a copy of your payment records for the last 30 days, from the Attorney General's office)

A. Household Member Name (Printed): Household Member Signature:

I am **NOT** required to make any child support payments under any court order.

I am responsible to make child support payments and:

I am **current**, within the last 30 days, on all child support payments; or

I am **not current, but on a payment plan** to address delinquent child support payments

B. Household Member Name (Printed): Household Member Signature:

I am **NOT** required to make any child support payments under any court order.

I am responsible to make child support payments and:

I am **current**, within the last 30 days, on all child support payments; or

I am **not current, but on a payment plan** to address delinquent child support payments

C. Household Member Name (Printed): Household Member Signature:

I am **NOT** required to make any child support payments under any court order.

I am responsible to make child support payments and:

I am **current**, within the last 30 days, on all child support payments; or

I am **not current, but on a payment plan** to address delinquent child support payments

D. Household Member Name (Printed): Household Member Signature:

I am **NOT** required to make any child support payments under any court order.

I am responsible to make child support payments and:

I am **current**, within the last 30 days, on all child support payments; or

I am **not current, but on a payment plan** to address delinquent child support payments

SECTION 2: SIGNATURES (NOTARIZATION REQUIRED)

Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729. Under penalties of perjury, I/we certify that the information presented above is true and accurate to the best of my/our knowledge and belief. I/We further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this document. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a FELONY if he/she knowingly and willfully makes a false statement to any department of the United States Government.

Applicant Signature

Co-Applicant Signature (If Applicable)

Before me personally appeared the person whose signature(s) appears above, who by being sworn, upon oath say that the statements set forth hereinabove are true and correct. Subscribed and sworn before me this day of , 20 .

Signature of Notary

Notary - Printed Name

Date Notary's Commission Expires

NOTARY'S SEAL



HOMEOWNERS & HOMEBUYERS

INFORMATION

Applicant Name	Co-Applicant Name (if applicable)
Program	Address (if applicable)

DISCLOSURE

Are you, your immediate family member(s)*, or your business partner(s) currently or within the past year an employee, agent, consultant, officer, elected or appointed official, sub-recipient, or vendor of the City of Houston?

Yes (see below) No

**Includes, whether by blood, marriage, or adoption: spouse, parent (including a stepparent), child (including a stepchild), sibling (including a step-sibling), grandparent, grandchild, and in-laws.*

Please indicate the names, positions, and telephone numbers for each person applicable to the above question, including yourself (if applicable)

Name	Position and City Department	Telephone Number

Please fill out additional forms as needed.

APPLICANT SIGNATURES

Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729. Under penalties of perjury, I/we certify that the information presented above is true and accurate to the best of my/our knowledge and belief. I/We further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this document. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a FELONY if he/she knowingly and willfully makes a false statement to any department of the United States Government. I/we understand that this application may be delayed or found ineligible if a conflict of interest is found to exist and no waiver is granted.

Applicant Signature	Date	Co-Applicant Signature (if applicable)	Date
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FOR PROGRAM STAFF USE ONLY

Does applicant list a potential conflict of interest?	Yes (Forward to PGM)	No (STOP-process normally)	Initials and Date
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NEW HOMES FOR HOUSTON

AN HCD LARGE TRACT DIVISION INITIATIVE

NAME AFFIDAVIT



Project #					
Applicant Name:		Co-Applicant Name:			
Is this form being completed for a listed household member:		Yes No		If YES, list HH Name:	
Home Address		City	State	Zip Code	

SECTION 1: NAME AFFIDAVIT

Personally, came and appeared before me, the undersigned authority in and for the jurisdiction aforesaid, the undersigned Affiant, who, after first being duly sworn on oath, states that she/he is one and the same person listed below and set forth in the application under the City of Houston Housing & Community Development Department.

Government ID Full Name:	
Name Variations:	
Other Known Names:	

SECTION 2: SIGNATURES (NOTARIZATION REQUIRED)

Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729. Under penalties of perjury, I/we certify that the information presented above is true and accurate to the best of my/our knowledge and belief. I/We further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this document. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a FELONY if he/she knowingly and willfully makes a false statement to any department of the United States Government.

Applicant Signature:		Date	
Co-Applicant Signature (If Applicable):			
Household Member Signature:			
Before me personally appeared the person whose signature(s) appears above, who by being sworn, upon oath say that the statements set forth hereinabove are true and correct. Subscribed and sworn before me this _____ day of _____, 20____.			
_____ Signature of Notary		NOTARY SEAL	
_____ Notary Public State of Texas - Printed Name			
_____ Date Notary's Commission Expires			



CITY OF HOUSTON

Housing & Community Development Department

Sylvester Turner

Mayor

Keith W. Bynam
Director
2100 Travis, 9th Floor
Houston, Texas 77002

T. (832) 394-6200
F. (832) 395-9662
www.houstontx.gov/housing

City of Houston / Housing and Community Development Department

Permission to Use Photograph/Video/Interview

I grant to the City of Houston's Housing and Community Development Department (HCDD), its representatives and employees the right to take photographs/video of me and/or my property. I authorize HCDD, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I further represent that any statements made by me during my interview are voluntary and truthful, to the best of my knowledge. I grant permission to HCDD to quote or paraphrase all or any portion of the interview and I waive my right of inspection or approval of my story in any publication or media.

I agree that HCDD may use such photographs/video/interview of me with or without my name and for any lawful purpose, including for example such purposes as news releases, public information purposes, and Web content.

I acknowledge and agree that I am not entitled to receive any form of compensation from HCDD or the City of Houston.

I have read and understand the above statements:

Signature _____

Printed Name _____

Organization Name (if applicable) _____

Address _____

Date _____

Children's Names (if applicable) _____

Signature, parent or guardian _____
(if under age 18)

AREA MEDIAN INCOME (AMI)



The Area Median Income (AMI) is generated by the U.S. Department of Housing and Urban Development (HUD) to determine the eligibility of applicants for certain federal housing programs. Median income is the midpoint of local incomes. HUD calculates AMI on an annual basis for each metropolitan area and non-metropolitan county, making adjustments for household size. Below is a table outlining Houston's current AMI income limits for 80% and 120% of AMI.

2022 Houston/The Woodlands/Sugar Land Region HUD Maximum Annual Household Income Limits*

Household Size	80% Area Median Income (AMI)	120% Area Median Income (AMI)
1-person	\$49,600	\$74,400
2-person	\$56,700	\$85,050
3-person	\$63,800	\$95,700
4-person	\$70,850	\$106,300
5-person	\$76,550	\$114,850
6-person	\$82,200	\$123,350
7-person	\$87,900	\$131,850
8-person	\$93,550	\$140,350

* Household income limits are subject to annual changes.